## **Construction Contractor's Capability Statement**

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	Pueblo Electric, Inc.		
ADDRESS			
PO Box 1230, 200 D	P Road, Suite B		
CITY			
Los Alamos			
STATE			
NM			
ZIP CODE 87544			
PHONE 505-662-2000	FAX 505	5-662-2570	
EMAIL: rob@puebloelectric.co	om		
PRIMARY CONTACT Rob Heineman	:		
	TION WORK (Check all Primary Expertise:	that apply)	
☐ Site Work ☐ Structural ☐ Carpet ☐ Mechanical	<ul><li>□ Demolition</li><li>□ Steel Fencing</li><li>□ Roofing</li><li>□ Clean Room</li></ul>	□Exterior Utilities □ Masonry □ Building □ Fire Protection	☐ Paint☐ Mechanical (HVAC/Plumbing) x☐ Electrical☐ Nuclear Facility
40 years	ur organization been in a	business as a construction c	contractor?  Her its present business name?
Under what former nam Pueblo Electric & Ref	es has your organization or ingeration, Inc.	operated?	
List the names and titles qualifications.  Rob Heineman, President Skip Hovlik – Vice President Skip Hovlik – Vice President Roberts – Vice Presid	lent	your organization, years wi	ith firm, educational training and

Electrical communications alectric		with its company personar.
Electrical, communications, electric	cai distribution & fiber optic	
		pleted in the past five years, owner, contact amou
ate/expected completion, percentage	e performed with its company pe	ersonal
DARHT - LANL - \$3,852,435 - Co	omplete	
Atlas - LANL - \$1,791,371 - Com	olete	
NMSSUP – LANL - \$1,648,413 - 0		
SCC – LANL - \$1,157,739 - Comp	•	
<u> </u>	icte	I
ist your Trade References		
Border States Electric, 5601 Jeffers	on St. NF. Albuquerque 87109	
Electric Supply, 3400 Candelaria R		
Summit Electric, 122 Eastgate Rd.		
Summit Electric, 122 Easigate Rd.	, Los Alamos 8/344	
·	1	
List your Surety company or your ba	nking affiliates.	07110
Downey, Attn: Katie, 2155 Louisia	na NE, Suite 8950, Albuquerque	e, 8/110
	1	
What is your organization's current b		
ingle0.9%	Aggregate	
Ias your firm entered into a contract	that had to be completed by you	ur surety within the past five years?
_	_	
	lo □x	
ist your Contractor's New Mexico l	icense classification(s):	
NM		
afety History:		
		odification Rate (EMR), Total recordable Injury/
	case rate for the current period	(calendar year to-date) and the previous three ye
period.		
19990.00	0.00	0.00
2000 0.00	0.00	0.00
2001 0.00	0.00	0.00
Rate Type: Interstate	x (.75) , In-State	, Monopolistic
		<u> </u>
nsurance Carrier:		
Federated Mutual Insurance Como	oany	
What is your firm's North American	Industrial Classification System	(NAICS) code?
Unknown		(- : 2) +0 40 .

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.									
☐ Woman own	ned	x□ Small Business	☐ Small Disadv	antaged	□ 8(a)□ Large	Veteran			
☐ Disabled Ve	eteran	☐ HUBZone		_					
Present number of employees									
<b>1</b> -20	x <b>□</b> 21-40	<b>4</b> 1- 60	$\Box 61 - 100$	□ Over	100				